

CA 06-209 JJF

To : U.S. District Court

From : David DeJesus sr

Date : 9-27-07

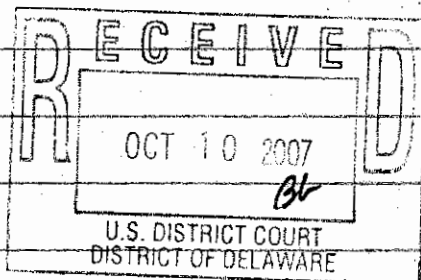
RE: To let you know that I was Rushed into surgery on Saturday 9-15-07 nurse michelle ward gave me medication and sent me back to my cell unit. after I told michelle ward I was in serious pain. Did not care.

on Sunday 9-16-07 I went to medical again and saw nurse Charles and tried to express my pain once again nurse Charles gave me medication and attempted to send me up to my cell, unit, when thank to God a sergeant from 12 to 8 saw how serious the nature of my pain was, the sergeant told nurse Charles if you see a man in as much pain as DeJesus is in with tears in his eyes get him help, That was coming from a 90 with no medical knowledge at all Recommended to a Professional nurse who is suppose to have medical ^{knowledge} ~~knowledge~~

After the medical staff has realized the seriousness of my medical problem, medical rushed me to BB Hospital where I had a cotscan the immediate surgery to have my gallbladder removed.

call my counselor Mrs Thomas and she will let me call you there is more what they are doing to me Its wrong

Sincerely
David DeJesus Sr



*Don't
care about
rights*



Beebe Medical Center

PATIENT RIGHTS AND RESPONSIBILITIES (1/07)

Beebe Medical Center, in recognition of your rights as a patient and of its responsibility to provide quality health care, affirms these rights for all patients and their visitors. Should you need clarification or have a concern about your rights or responsibilities, please contact the Patient Relations Representative, 645-3547 (ext. 3547) or the hospital Nursing Supervisor, 645-3300 (ext. 3300).

YOU HAVE THE RIGHT TO:

- ♦ considerate and respectful care regardless of age, gender, disability, race, color, religion, national origin or sexual preference, or source of payment;
- ♦ having your communication needs met—such as interpreter services, large print documents, etc.
- ♦ be well-informed by your doctor about your illness, possible treatments, and likely outcome;
- ♦ consent to or refuse a treatment, as permitted by law, throughout your admission;
- ♦ know the name and professional role of your healthcare provider;
- ♦ participate in the development and implementation of your plan of care;
- ♦ request consultation with another physician;
- ♦ be free from restraints of any form that are not medically necessary;
- ♦ personal privacy during all patient care activity, and when requested;
- ♦ to receive care in a safe setting including free of all forms of abuse or harassment; should you have a concern relating to the safety of your care, please contact the Patient Safety Line at 645-3212 (ext. 3212) at any time;
- ♦ access protective services when necessary;
- ♦ expect that all treatment records and medical care are confidential, unless you have given permission for release of information or reporting that is required by law;
- ♦ review your medical records and have the information explained;
- ♦ have a family member (or other representative) and your own physician notified promptly of your admission to the hospital;
- ♦ receive necessary health services to the best of the medical center's ability. Treatment, referral or transfer may be recommended. If transfer is recommended or requested, you will be informed of risks, benefits and alternatives. You will not be transferred until the other institution agrees to accept you;

To : The warder

From : David De Jesus sr

Date: 9-25-07

RE: Your help with a nurse

no answer

I am having problem with nurse michelle ward She is

doing thing to me that may hurt my Health & life I have put her in my lawsuit and now she is taking it out on me & know she can get away with it because no one care, I wrote alot of medical grievance & grievance and they was never answer

If something happen to me it was her michelle ward this is the last medical grievance I put on her & even my surgery is not being clean right. so Please For the love of God help me, and she know the Go will help her.

from

David Dejesus &
David De Jesus s
209513

cc us court
my lawyer
my self

reanswered

FORM #585

MEDICAL GRIEVANCEFACILITY: Sussex Correctional InstitutionDATE SUBMITTED: 9-22-07INMATE'S NAME: David De Jesus SrSBI#: 209513HOUSING UNIT: MSB - F

CASE #:

SECTION #1DATE & TIME OF MEDICAL INCIDENT: on going

TYPE OF MEDICAL PROBLEM:

again, I am having problems with nurse ward. I wrote her up before, also put her in my medical lawsuit. Nurse ward refused to give me my pain medication that the Doctor has ordered for the pain of my Gallbladder surgery. I should not be left in pain no other nurses does this to me other than her. I have ongoing issues with nurse ward.

GRIEVANT'S SIGNATURE: David De Jesus SrDATE: 9-22-07

ACTION REQUESTED BY GRIEVANT: C-M-S need to take in issue all the letters and Grievants on nurse ward, she gets away with hurting us, none at all hurting me, still she comes back another day to do it again she should not have this job

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

no answer

DELAWARE DEPARTMENT OF CORRECTIONS REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: SUSSEX CORRECTIONAL CENTER**This request is for (circle one):** MEDICAL DENTAL MENTAL HEALTH

David DeJesus sr
Name (Print)

MSP-R
Housing Location

5-11-69
Date of Birth

209513
SBI Number

9-16-07
Date Submitted

Complaint (What type of problem are you having) Its almost two month
that I have not seen a Dr, I got sick more on
9-15-07 and now ~~on~~ my right side I have a lump
that may be a Hernia & has my leg also hurting

David DeJesus sr
Inmate Signature

9-16-07
Date

The below area is for medical use only. Please do not write any further

S: _____

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A: _____

P: _____

E: _____

Provider Signature and Title

Date

Time

no answer

DELAWARE DEPARTMENT OF CORRECTIONS REQUEST FOR MEDICAL/DENTAL SICK CALL SERVICES

FACILITY: SUSSEX CORRECTIONAL CENTER

This request is for (circle one): MEDICAL DENTAL MENTAL HEALTH

David DeJesus S

Name (Print)

MSB-F

Housing Location

5-11-69

Date of Birth

209513

SBI Number

9-22-07

Date Submitted

Complaint (What type of problem are you having) I need to see the Dr
soon

David DeJesus S

Inmate Signature

9-22-07

Date

The below area is for medical use only. Please do not write any further

S:

O: Temp: _____ Pulse: _____ Resp: _____ B/P: _____ WT: _____

A:

P:

E:

Provider Signature and Title

Date

Time

no answer

FORM #585

MEDICAL GRIEVANCE

FACILITY: S-C-I

DATE SUBMITTED: 9-27-07

INMATE'S NAME: David De Jesus Sr

SBI#: 209513

HOUSING UNIT: MSB-12

CASE #: _____

SECTION #1

DATE & TIME OF MEDICAL INCIDENT: ongoing

TYPE OF MEDICAL PROBLEM:

Today 9-26-07 The tier 6 cell to get my surgery clean.
Then the nurse had a cpl call back to said I did not
need the surgery clean but to let it air out. Its
still open? why did she had a cpl do her job.

GRIEVANT'S SIGNATURE: David De Jesus Sr DATE: 9-27-07

ACTION REQUESTED BY GRIEVANT: I want nurse ward to get a new
job because we are human & are paying for what we
did for her to put us thour this. She was working
this day, no other nurse gave us problem but her. I dont
gave no problem to go thour this.

DATE RECEIVED BY MEDICAL UNIT: _____

NOTE: EMERGENCY MEDICAL CONDITIONS WILL TAKE PRIORITY. OTHERWISE, MEDICAL
GRIEVANCES WILL BE ADDRESSED AT THE WEEKLY MEDICAL COMMITTEE MEETING.

SUPREME COURT OF DELAWARE

CATHY L. HOWARD
Clerk

AUDREY F. BACINO
Assistant Clerk

LISA A. SEMANS
Chief Deputy Clerk

LATOYA S. BRADY
Senior Court Clerk

DEBRA J. ZATLOKOVICZ
Senior Court Clerk

BRANDEE R. FORD
Senior Court Clerk

SUPREME COURT BUILDING
55 THE GREEN
DOVER, DE 19901

P.O. BOX 476
DOVER, DE 19903

(302) 739-4155
(302) 739-4156
(302) 739-8091

September 20, 2007

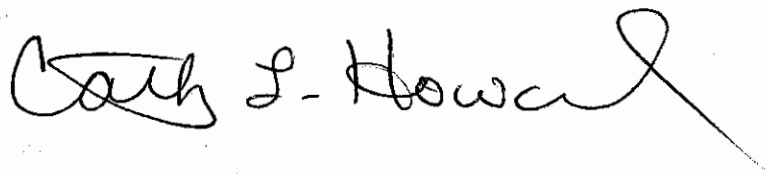
Mr. David DeJesus
SBI No.
Sussex Correctional Institution
P.O. Box 500
Georgetown, DE 19947

Dear Mr. DeJesus:

The Court is in receipt of your September 7, 2007 letter with attachments concerning medical treatment or lack thereof in a correctional facility. The Court has requested that I respond to your letter.

Please be advised that the judiciary may not be enlisted to resolve an essentially executive matter involving the administration of the prison system. Therefore, the Court will take no further action regarding your September 7 letter.

Very truly yours,

A handwritten signature in black ink, appearing to read "Cathy L. Howard". The signature is fluid and cursive, with a long, sweeping line extending from the end of the name.

IM David L. J. 1005 BLDG. NLSB-1
SUSSEX CORRECTIONAL INSTITUTION
P.O. BOX 500
GEORGETOWN, DELAWARE 19947

US District Court
Lat Box 18
844 Kings St
Wilkesboro 19801

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